## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

NB3648 DOCUMENT #

Home, Health AND HOPE INC



FILED

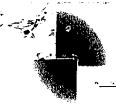
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r	O NOT WRITE	IN THIC CE	DACE	FALLAH!	ASSEE, FLORIDA	1	
L	U NUI WRITE	IN IFIG OF	AVE				
2. Principal Pla 3391 A	ce of Business DES.Lucas Stangs Bl			REINSTATMENT 03			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO	O NOT WRITE IN THIS	SPACE	
City & State	NEA FLORIDA Silver Spring		95 FLURIDA	Applie 59-29/1365   Not Ap		Applied For Not Applicable	
34470	Country U.S	31489	Country	5. Certificate of Statu	us Desired	<b>\$8.75</b> Additional Fee Required	
<u> </u>				7. Name and Address of Current Registered Agent			
			Name Un	Name HORACE Nichols			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
					, ,		
IN THIS SPACE			101 h	101 WATCR TRACK  City OCALA FL Zip Code 72			
			City OC	ALA	FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.							
Al PUTO II PUTO							
Margar & Marker & Market Marke							
SIGNATURB of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FEE IS \$61.25  9. Election Campaign Financing St.00 May Be Intitial or Amended UBR  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees Fiorida Department of State							
I	nitial or Amended UBR	Trust Furid Ot	Unitingation.	Added to Fees	Liorica Deba	Milent of State	
10.	OFFICERS AND DI	RECTORS					
TITLE	PRESIDENT.	-1.0	TITLE				
NAME	WARRED NICHO	5 <b>4.5</b>	NAME				
STREET ADDRESS CITY-ST-ZIP	PRESIDENT Che HORACE NICHO HORACE TRACK POLWATER TRACK	FL 34472	STREET ADDRESS CITY+ST-ZIP				
OTT-OT-EII	OCHEM		1957 (c) 156 (				

VICE PRESIDENT PS PEARL Phillips 990 SE SOTH AVELUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY ST-ZIP CITY-ST-ZIP TROUSURY-SECRETARY TITLE TITLE Rose Wesley 9 CEDAR TREE PASS NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE FL 34472 <u>OCAL</u>A CITY-ST-ZIP CITY-ST-ZIP ninectur. TITLE IN THIS SPACE FLECTIVE ANDERSON NAME NAME STREET ADDRESS STREET ADDRESS Weirsonce FL 32195 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11-7-03 352-368-6768

<sup>12.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.



## HOME, HEALTH AND HOPE, INC.



3391 N.E. Silver Springs Blvd., Suite G-2 Mailing Address: P.O. Box 6936, Ocala, Florida 34478 Ocala, Florida 34470

Phone: (352) 368-6768

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32032-1500

RE: Activity Status

To Whom It May Concern:

Enclosed-please find a check for \$61.25 to reactivate our corporate status. Also enclosed is our Uniform Business Report (UBR).

We understand this is a yearly process, however, we received no notification that we were in arrears. We hope in the future we will be advised prior to the due date so that this experience will not be repeated.

Thank you for your consideration in this matter.

Respectfully submitted,

Horace L. Nichols

President